



Person-Directed Dementia Care Care Planning

Part 2

- **Presented by: Cathy Kehoe, Alzheimer's Service Developer, WI Bureau of Aging and Disability Resources**



Person-Directed Care Defined

- Returns decision making and choices to the person.
- Enhances the primary caregiver's capacity to engage with the person and respond to needs.
- Establishes a home-like environment.



Person-Centered Care

- Recognizes and honors the person despite the level of cognitive impairment

Person with **Dementia**

Person with Dementia



Old Culture vs. New Culture of Care

■ New Culture Major points:

- We are looking for means to prevent, delay, or slow a person's decline through medical and psychosocial interventions.
- It is important to have a clear and accurate understanding of a person's background, abilities, tastes, interests, values and spirituality. People who work closest with the person have a wealth of this information.



Old Culture vs. New Culture of Care

■ New Culture Major points:

- Dementia is a disability of certain parts of the brain, there is much we can do through insight and skill to reach the person and increase quality of life.
- Behaviors should be viewed, primarily as attempts at communication, related to unmet needs. The caregiver needs to seek the meaning of the communication and to address the need.



What has changed?

OLD:

Therapeutic Activities Model of Care

What services do we have to provide?

NEW:

Individualized Care

“Who is this Person?”



Important Components of Person-Directed Dementia Care

- o **Recognize all Behavior is Meaningful Communication**
- o **Change the Language of Care**
- o **Meet the Person's Core Psychological Needs**
- o **KNOW the PEOPLE with Dementia**
- o **Changing Care Planning – Involve Everyone**
- o **Teach Staff That They Will Have Fun and to be Emotionally Available**



How do we apply this?

- Changing our language
- Changing our Care Plan



Old vs. New : How do we start?

■ Behavior in “old” language

- Agitation
- Rummaging or “Shopping”
- Wandering
- Egress or Elopement
- Refusing Personal Care
- Repetitive Crying Out

■ New language for behavior

- Energetic/Assertive
- Seeking
- Exploring
- Assertive/Focused/
Showing Initiative
- Cautious
- Assertive



Language Changes Perceptions

Starting Point (Old Culture)

- Control
- Problem Behavior
- React
- Correct
- Expect
- "Victim"
- "Pacer"
- Anxiety
- Wandering

Destination (New Culture)

- Accommodate
- Characteristic
- Respond
- Connect
- Accept
- Individual
- Motivated
- Eagerness
- Exploring



New Words for Old Labels

- Agitation – Focused, Determined
- Rummaging - Rearranging security, seeking familiarity
- Elopement – On a mission, Focused
- Refuses Personal Care – Self-sufficient, Modest, Assertive, Protecting self from perceived threat
- Wandering – Seeking, Exploring
- Repetitive Crying Out – Assertive, Asserting for resolution of unmet needs.



How do we apply this?

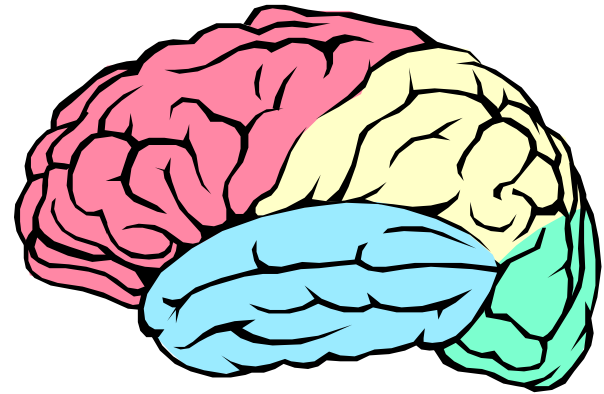
- Changing our language
- Changing our Care Plan

The Core Psychological Needs of Persons with Dementia



Review of Alzheimer's Disease

- Meet Joe!



- The Great Grape Debate...





Person's Favorites

- 20 questions of favorite things
- Knowledge and input from all staff who work directly with the person.



Indicators of Well-Being and Ill-Being

- Established and researched by Tom Kitwood & The Bradford Dementia Group 1986-1998
- Bradford Dementia Group continues this work today



■ **Quality of Life Outcomes for Persons with Dementia**



As a person with dementia,

- I have the best possible physical well being
- I have meaningful relationships
- I have hope because my future is valued and supported
- I am accepted and understood as an individual
- I am involved in life



As a person with dementia, I have the best possible physical well being

- I am well hydrated
- I am well nourished
- I am comfortable – free from pain
- I am physically active
- I am clean
- I am safe
- My medical needs are being treated by people knowledgeable in dementia
- I receive the least restrictive intervention for my behavior symptoms



As a person with dementia, I have meaningful relationships

- **I am supported in maintaining ongoing relationships as desired and**
- **I am provided with opportunities to develop new relationships as desired**
- **I have the opportunity to maintain an intimate relationship with my spouse/partner as desired within my capacity**



As a person with dementia, I have hope because my future is valued and supported

- I participate to my capacity in all decisions effecting my life
- I am useful and make contributions of value
- I plan and do things I've wanted to do while I still can
- I have the emotional support and encouragement that I need
- I have positive things to look forward to and do
- I have a legally supported plan for my future needs and wishes
- My previous wishes are honored as my capacity diminishes
- I continue practices that nourish me spiritually



As a person with dementia, I am accepted and understood as an individual

- I am treated as a person not a disease, and am acknowledged as “present”
- I am cared for by people who understand me, and about my dementia
- I have regular opportunities to access and share my rich & meaningful past
- I practice rituals that comfort or calm me
- I continue my own cultural lifestyle
- My orientation to time and reality is respected and supported
- I continue my familiar routines
- My environment is anchored in things I value that are familiar to me
- I have continuity in relationships with caregivers
- I have physical privacy
- My sexual identity is treated with respect
- I am free from all forms of abuse



As a person with dementia, I am involved in life

- I engage in activities that are meaningful to me daily
- I have the opportunity to participate in the life of my community
- I am able to communicate with others to my highest capacity
- I am able to do things independently with safe supports
- I enjoy the tastes, smells, sounds, and feelings of the real world
- I have the opportunity to enjoy/be outdoors



Care Planning Process

- **Materials Used to Develop the Care Plan:**
 - The Four Basic Needs of People with Dementia*
 - MDS (Minimum Data Set) Triggers for the resident (per regulations) (Nursing Homes)
 - Quality Indicator Measures Report from the State of WI (per regulations) (Nursing Homes)
 - Examples of changing negative behavior “labels” into positives”**
 - Information from staff, family and others who know the resident
 - Resident’s current care plan



Lucille's Care Plan

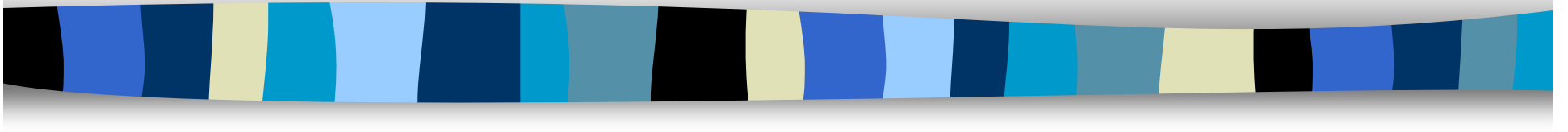
- Lucille is an 86 year old woman who used to be a school teacher of young children. She was married to a Veterinarian and they lived on a farm. Her husband, John, went to war and she had to run the business while he was gone. When he returned, he was disabled and she had to care for him.



Lucille's Care Plan

- Lucille's husband died ten years ago, and that was when her two children realized she had dementia and had her diagnosed. Lucille has Alzheimer's disease, macular degeneration, diminished hearing and sometimes needs a wheelchair to get around.

Discussion and Pause





Lucille's Care Plan

Strengths:

- Loves Animals
- Being outdoors, gardening
- Nurturing to students
- Loves music
- Plays piano
- Great sense of humor, kind
- Loves kids
- Loves sitting by window in the sun

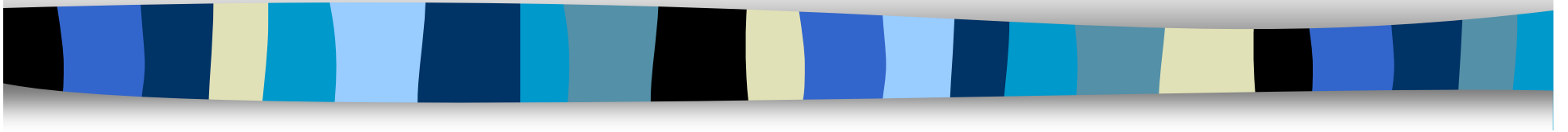


Lucille's Care Plan

Challenges/Barriers to Quality of Life:

- Diminished vision
- Diminished hearing (better right ear)
- Wheelchair is limiting to her, trauma/loss of husband
- Strikes out during personal care (ready for bath)
- Corrects peers as students

Discussion and Pause

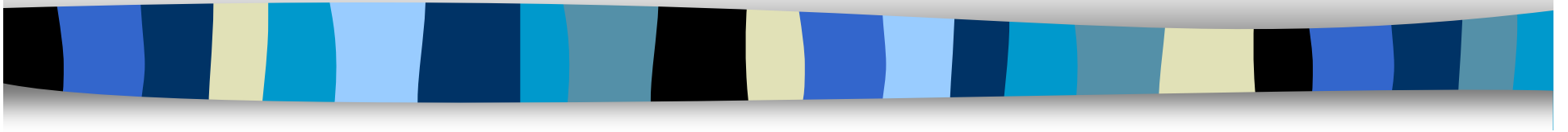




Lucille's Care Plan

- Approaches to striking out:
 - Greet and introduce self when you come in
 - Come in early, put on Loretta Lynn music, tell her bath is in awhile.
 - Speak in right ear
 - Sit her in sunlight
 - Approach from front, greet her with her name, ask/talk through care before doing it

Discussion and Pause





Lucille's Care Plan

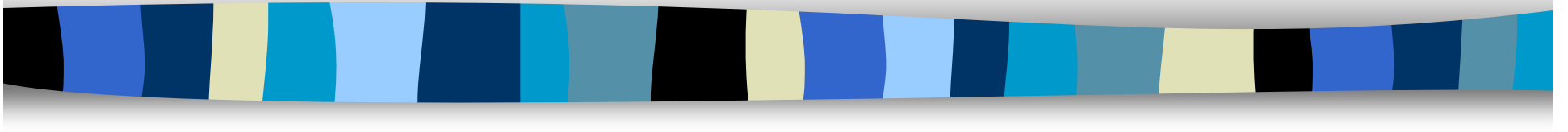
- Approaches to communicating through multiple senses:
 - Touch – gardening, brushing hair, back and hand massage
 - Smell – aromatherapy in tub room



Lucille's Care Plan

- Behavior – yells at other residents
 - Why? – “Correcting her students”

Discussion and Pause





Lucille's Narrative Care Plan

- Behavior – yells at other residents
 - Why? – “Correcting her students”

Respond “Thank you for reminding me Miss Jones.”



Narrative Care Planning

- Tells a story about the person in “I” statements.
- Covers all aspects of a traditional care plan.
- Has proven to be more easily remembered by staff.
- Developed by Pioneer Network.